

# NAVPERSCOM NON-APPROPRIATED FUND EMPLOYEE PERFORMANCE RATING FORM

SUPPORTING DIRECTIVE BUPERSINST 5300.10A

<b>PRIVACY ACT STATEMENT:</b> THE SUPERVISOR BASED UPON OTHER AGENCY RECORDS OF THE EMPLOYEE FILLS OUT THIS FORM. THE SOCIAL SECURITY NUMBER (SSN) IS COLLECTED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397 (NOVEMBER 22, 1943). THAT ORDER REQUIRES AGENCIES TO USE THE SSN FOR THE SAKE OF ECONOMY AND ORDERLY ADMINISTRATION IN THE MAINTENANCE OF PERSONNEL RECORDS. THE SSN IS BEING INCLUDED ON THIS FORM SO THAT THE OTHER PERSONNEL PROCESSES THAT REQUIRE THIS FORM MAY BE ASSOCIATED WITH THE PROPER EMPLOYEE. THE RECORD IS USED SOLELY FOR THAT PURPOSE.				
1. NAME (LAST, FIRST, MIDDLE INITIAL):			2. SSN:	
3. POSITION TITLE, PAY PLAN, SERIES AND GRADE (E.G. CLERK, NF-0000-01):				
4. NAME AND LOCATION OF NAF ACTIVITY				
5. REASON FOR RATING AND RATING PERIOD <input type="checkbox"/> 90 DAY <input type="checkbox"/> INTERIM <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEPARATION/CLOSE-OUT   FROM:   TO:				
6. RATING ELEMENTS (DEFINITIONS OF THE ELEMENTS ARE INCLUDED ON THE REVERSE INSTRUCTIONS)	OUTSTANDING	HIGHLY SATISFACTORY	SATISFACTORY	LESS THAN SATISFACTORY
A. QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. PRODUCTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. WORKING RELATIONSHIPS (WITH PEERS AND SUPERVISORS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CUSTOMER/PATRON RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. MANAGERIAL/SUPERVISORY EFFECTIVENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. LEADERSHIP EFFECTIVENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. OVERALL PERFORMANCE RATING <input type="checkbox"/> OUTSTANDING <input type="checkbox"/> HIGHLY SATISFACTORY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> LESS THAN SATISFACTORY				
8A. PAY INCREASE: <input type="checkbox"/> YES   AMOUNT: <input type="checkbox"/> NO				
8B. CASH AWARD: <input type="checkbox"/> YES   AMOUNT: <input type="checkbox"/> NO				
9. REMARKS:				
10. RATER'S SIGNATURE:			DATE:	
11. APPROVING OFFICER'S SIGNATURE (FOR APPROVAL OF RATING AND ITEM 8):				
12A. EMPLOYEE'S SIGNATURE (INDICATES RATING HAS BEEN DISCUSSED WITH EMPLOYEE):				
12B. DATE DISCUSSED AND COPY OF COMPLETED EVALUATION PACKAGE PROVIDED TO EMPLOYEE:				

(INSTRUCTIONS FOR COMPLETION ON NEXT PAGE)

## GUIDANCE FOR COMPLETING BUPERS PERFORMANCE RATING FORM

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<b>1 &amp; 2. Self Explanatory</b>				
<b>3. Include pay plan, e.g., NF, NA, NL, NS, or CC. For child care NAF program assistant employees include "GSE" grade</b>				
<b>4 &amp; 5. Self Explanatory</b>				
<b>6. Items "a" through "e" should be used in evaluating all NAF employees. NOTE: A rating of "less than Satisfactory" must be delayed and a letter of caution must be issued and immediate action must be taken to correct the noted deficiencies. Rate each factor separately using one ratings as defined below:</b>				
<b>Elements</b>	<b>Outstanding</b>	<b>Highly Sat</b>	<b>Satisfactory</b>	<b>Less than Sat</b>
<b>A. Quality of Work:</b>				
Consider thoroughness, accuracy, & Effectiveness. Completes or assists in completing goals & objectives	Exceptionally precise & accurate. Thoroughly Follows rules, suggests improvements	Generally accurate. Needs no follow-up. Adheres to policy.	Acceptable meets all requirements with no serious deficiencies.	No attention to detail. Does not follow policy or practices.
<b>B. Productivity:</b>				
Consider completion of assignments, & effectiveness of work performed. Volume of work & exceeding/ meeting deadlines.	Extraordinary volume of work. Highly efficient. Far exceeds that which is required.	Above average volume of work. Efficient. Needs no reminders from supervisor.	Volume of work satisfies requirements.	Volume or work does not satisfy requirements. Little or no initiative.
<b>C. Dependability (do not rate based on approved use of leave):</b>				
Consider reliability, timeliness, capableness, competency efficiency, and conscientiousness of work performed.	Assignments are completed ahead of schedule without any follow-up or minimal changes. Proactive.	Some assignments/ tasks are completed ahead of schedule with little follow-up or changes.	Assignments are completed in a timely manner. Work is acceptable.	Needs improvement and/or needs reminders of due dates
<b>D. Working Relationships:</b>				
Consider interest, enthusiasm, teamwork, willingness, behavior, flexibility, & cooperation.	Encourages teamwork. Able to work well with people at all levels. Inspires & respects others.	Team player. Works well with others. Positive co-worker & supervisor relationships.	Works well with most. Needs assistance with others and/or supervisors.	Uncooperative. Resents criticism Blames others.
<b>E. Customer/Patron Relations.</b>				
Responsive to customer needs. Demonstrates attentiveness & courtesy. Maintains accurate knowledge relative to products, services, policies & procedures.	Actions and attitude greatly enhance area of responsibility without exception.	Actions & attitude greatly enhance area of responsibility on a regular basis.	Actions and attitude contribute to positive - feedback.	Actions & attitude harm relationships and generate complaints.
"F" and "G" are left blank so that a supervisor or manager can add factors considered necessary to properly evaluate an employee.				
<b>H. Managerial/Supervisory Effectiveness:</b> To be completed for incumbents in all supervisory/management positions. Consider ability to get work completed through and by subordinates, delegation, fairness, communication, effectiveness in motivating subordinates, building an effective and diverse work team, winning and maintaining respect of subordinates and development of subordinates.				
<b>I. Leadership Effectiveness:</b> To be completed for incumbents in all supervisory/management positions. Ability to establish and complete short and long term goals and objectives; maintains effective relationships with peers in program area; is pro-active in managing area of responsibility (i.e., anticipates shortfalls; potential crisis and resolves potential program/people problems before they occur); regarded as highly effective and responsive by program customers.				
<b>7. Overall Performance Rating:</b> Check one of the four ratings after completing item 6.				

GUIDANCE FOR COMPLETING BUPERS PERFORMANCE RATING FORM (Continued)

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8A. Pay Increase: Check appropriate block. If pay increase is approved, include recommended amount (Pay increase and cash award approval authority is decided at the local activity level.) Pay increases are effective the first full pay period after the approving official's signature
8B. Performance Award: Same as above.
9. Remarks: May be used to briefly explain the rating or a separate sheet may be attached to the performance evaluation form.
10. Rater's Signature: Supervisor should not sign form until the rating and any award/pay increase decisions have been made by approving official. Supervisor signs and dates the form.
11. Approving Officials Signature: Designation is a local decision, however, the approving official should be at least one level above that of the signing supervisor or rater unless the rater in the CO. Approving official reviews the evaluation and makes changes if considered appropriate.
12A. Employee's signature and date: Discussion between the supervisor and employee should not be held until approving official has reviewed and signed the evaluation. The approving official has the authority to change any factor/rating on the form. The supervisor discusses the final approved evaluation with the employee only after receiving the approving official's signature on the form. In the discussion, the supervisor represents management's view of the employee's performance. The views of the supervisor and management must be considered one and the same.
12B. Date Discussed and Copy of Completed Evaluation Given to Employee: Self explanatory. Copy of completed and signed evaluation must be provided to employee within two weeks of approving official's signature.